

The Health of Tennessee's Women 2000

A Summary Report of Mortality and Women's Health Issues

JUNE 2002

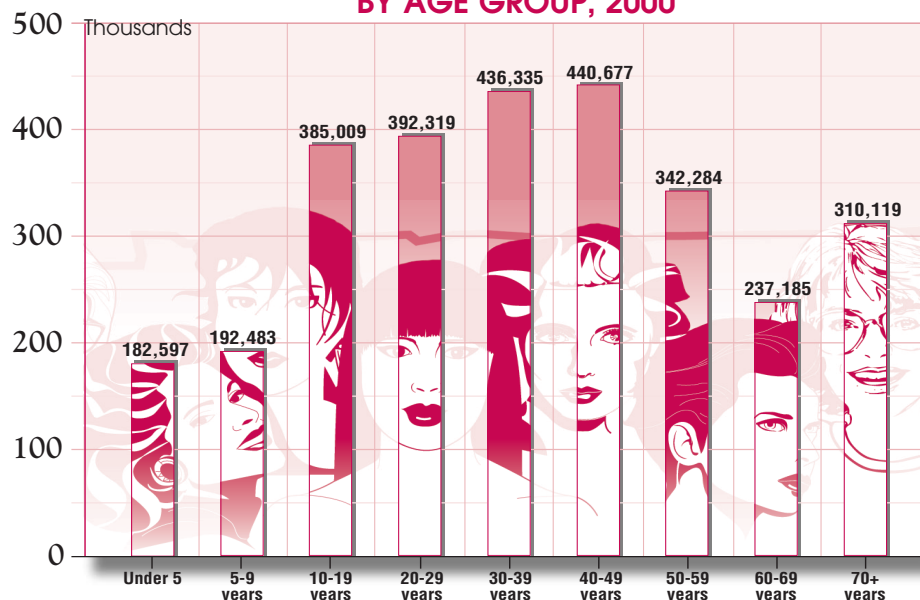
TENNESSEE DEPARTMENT OF HEALTH

The Health of Tennessee's Women 2000 examines some of the factors that affect the health status of Tennessee's female population. Maternal risk factors such as adequate prenatal care, smoking, alcohol usage, and age greatly impact pregnancy outcomes. Adolescent mothers are at particular risk of having low-weight babies, as are mothers age 40 years and older.

Mortality trends and behavioral risk data are also included in this report. The challenge facing women as individuals is to modify their lifestyles to maintain good health and prevent diseases. Health education, preventive screening, and early detection are important factors to reduce mortality risk from diseases such as cancer, cerebrovascular and heart disease.

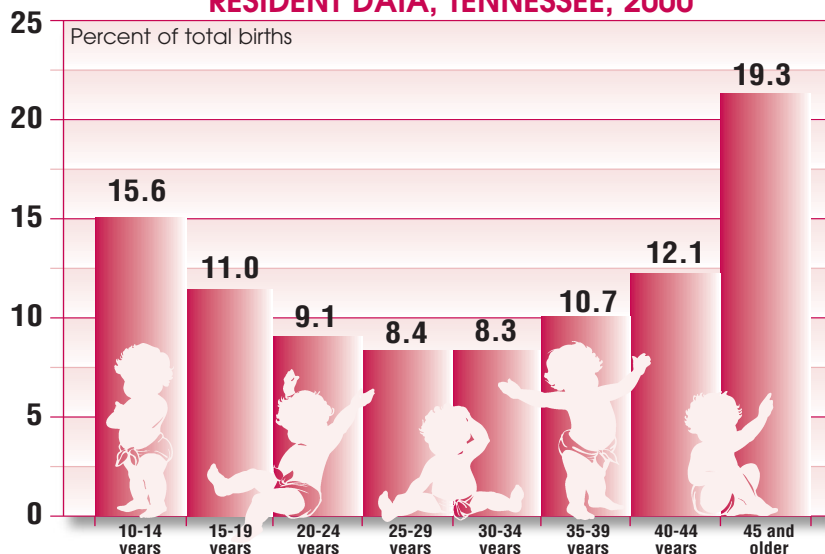
In 2000, the age group 40-49 contained Tennessee's greatest number of females (440,677). This age group accounted for 15.1 percent of Tennessee's total female population. The percentage of females under 10 years of age was 12.8, while 10.6 percent of females were aged 70 and older.

TENNESSEE'S FEMALE POPULATION BY AGE GROUP, 2000



Source: Health Statistics and Research, Revised August 20, 2001 Population Estimates.

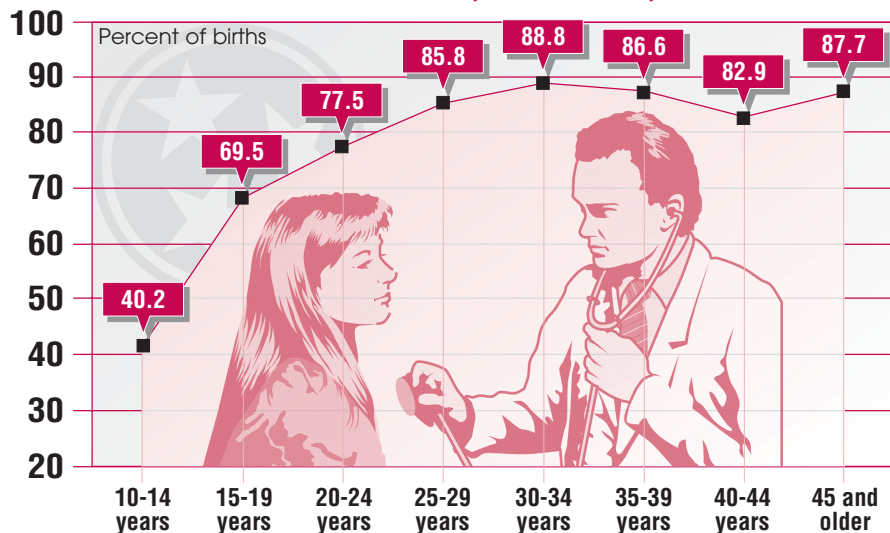
PERCENT OF LOW-WEIGHT* BIRTHS BY AGE GROUP RESIDENT DATA, TENNESSEE, 2000



*A live birth weighing less than 2,500 grams (5 pounds, 8 ounces).

Low-weight babies are at higher risk of dying in the first months of life than babies of normal weight. Of the total births in 2000, 7,352 or 9.2 percent were under 2,500 grams. The low-weight percent of total births was greatest for mothers aged 45 years and older (19.3), followed by mothers aged 10-14 years (15.6), and mothers aged 40-44 (12.1). Of the total low-weight births, 24.8 percent of mothers reported tobacco use during pregnancy. White mothers reported the highest percentage (31.2), while black mothers reported a much lower tobacco use percentage (13.7). The national goal for low-weight births for the years 2000 and 2010 is 5.0 percent of total live births.

PERCENT OF BIRTHS WITH PRENATAL CARE BEGINNING IN THE FIRST TRIMESTER, BY AGE GROUP RESIDENT DATA, TENNESSEE, 2000



In 2000, there were 79,539 live births to Tennessee residents. Of the births to mothers ages 10-14, only 40.2 percent began prenatal care in the first trimester. The percentage of first trimester care by age group increased to a high of 88.8 percent for ages 30-34. The total percent of Tennessee births beginning care in the first trimester was 81.4. The national goal for the years 2000 and 2010 is for 90.0 percent of all births to have prenatal care beginning in the first trimester.

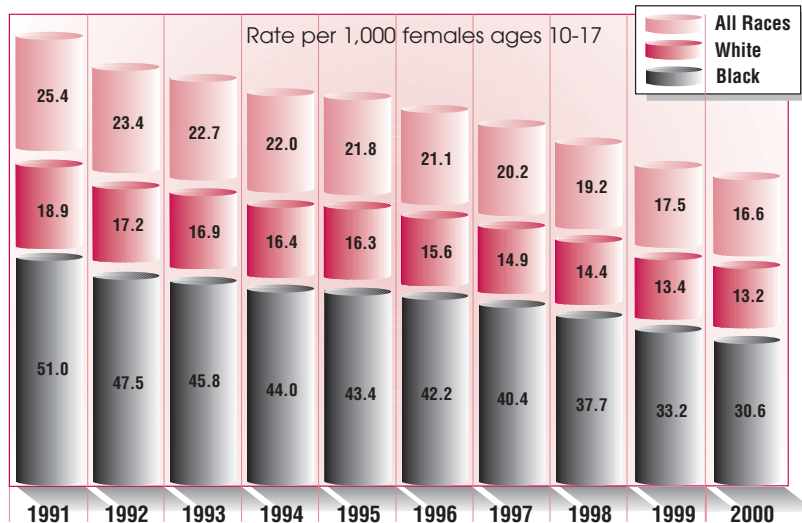
The percentage of 2000 births with adequate care was 73.1. This was a decrease from the 73.4 percent in 1996. In 2000, 4,133 or 5.2 percent of the total births had inadequate care, and 1,239 or 1.6 percent of the total births reported indicated no prenatal care was received.

PERCENT OF LIVE BIRTHS BY ADEQUACY OF PRENATAL CARE RESIDENT DATA, TENNESSEE, 1996-2000

	Adequate	Intermediate	Inadequate	No Care
2000	73.1	20.1	5.2	1.6
1999	74.4	19.5	4.8	1.3
1998	74.8	19.1	4.7	1.4
1997	74.3	18.9	5.3	1.5
1996	73.4	19.9	5.4	1.4

Adequacy of care derived from criteria defined in the Kessner Index, which classifies prenatal care on the basis of prenatal visits, gestational age, and the trimester care began. In addition to the specific number of visits indicated for inadequate care, all women who started their care during the third trimester (28 weeks or later) were considered to have received inadequate care.

ADOLESCENT PREGNANCY RATES (10-17), BY RACE RESIDENT DATA, TENNESSEE, 1991-2000

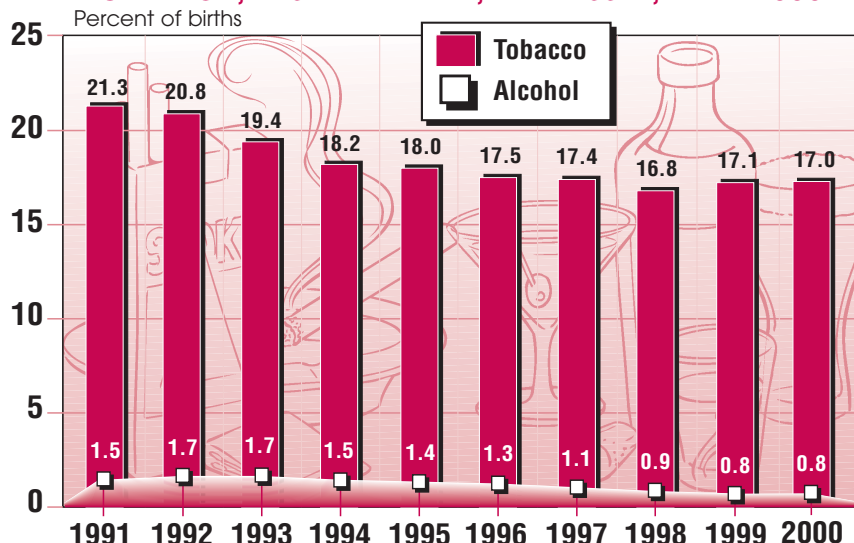


Total includes pregnancies to other racial groups or race not stated.

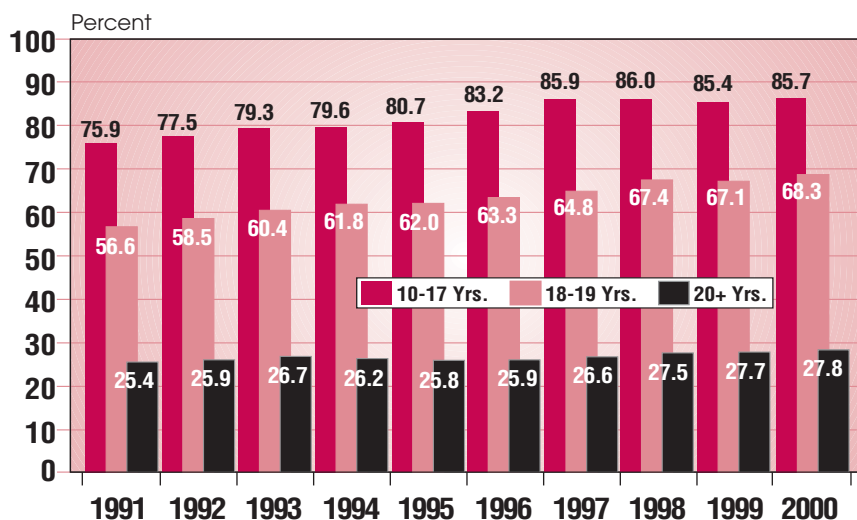
Adolescent pregnancies include births, abortions, and fetal deaths. The total pregnancy rate for females ages 10-17 declined 34.6 percent from 25.4 in 1991 to 16.6 in 2000. The white adolescent rate dropped 30.2 percent from 18.9 in 1991 to 13.2 in 2000. The 1991 black rate of 51.0 dropped 40.0 percent to 30.6 pregnancies per 1,000 females in 2000.

The reporting of alcohol and tobacco use on Tennessee resident birth certificates generally declined over the period 1991-2000. In 2000, 98.9 percent of Tennessee birth certificates indicated no alcohol use, 0.8 percent indicated use, and 0.3 percent did not respond to the question. No tobacco use was indicated on 82.7 percent of the 2000 Tennessee birth certificates, 17.0 percent indicated tobacco use, and the remaining 0.3 percent did not respond. The Year 2010 goal for alcohol abstinence during pregnancy is 94 percent while the goal for tobacco abstinence is 99 percent. *NOTE: This data is based on information provided by the mother and may be underreported.*

REPORTED ALCOHOL AND TOBACCO USE DURING PREGNANCY, RESIDENT DATA, TENNESSEE, 1991-2000



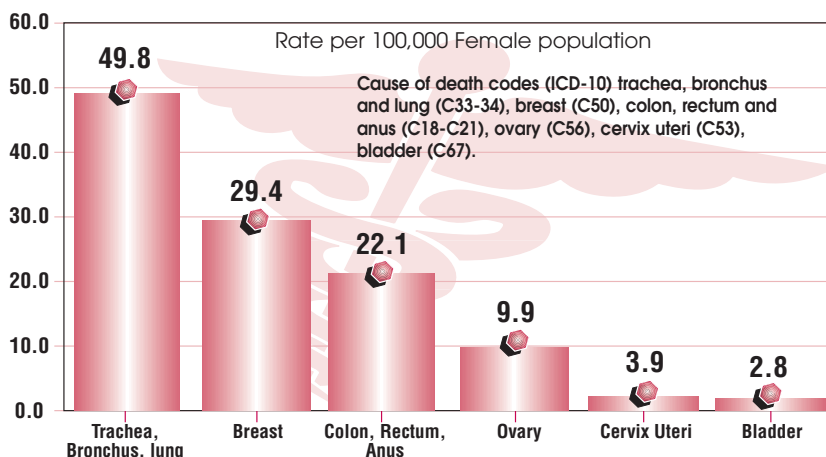
PERCENT OF BIRTHS TO UNMARRIED MOTHERS BY AGE GROUP, TENNESSEE 1991-2000



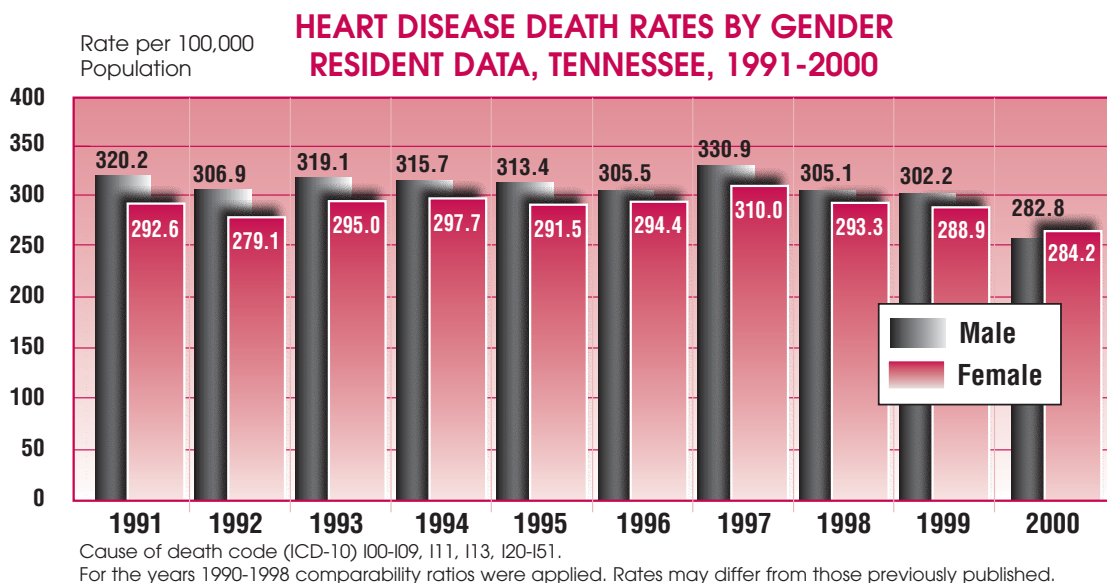
The highest percent of out-of-wedlock births was for mothers under 18 years of age. These babies were at greatest risk for negative social and economic consequences as adolescent mothers very often lack education and job skills. From 1991 to 2000, the percent of out-of-wedlock births increased 12.9 percent for mothers aged 10-17, 20.7 percent for mothers 18-19, and 9.4 percent for mothers 20 years and older.

There were 5,702 malignant neoplasms deaths for females in 2000. Of these deaths, cancer of the trachea, bronchus, and lung had the highest rate (49.8) followed by breast cancer (29.4). These two causes accounted for 40.5 percent of the total cancer deaths for females in 2000.

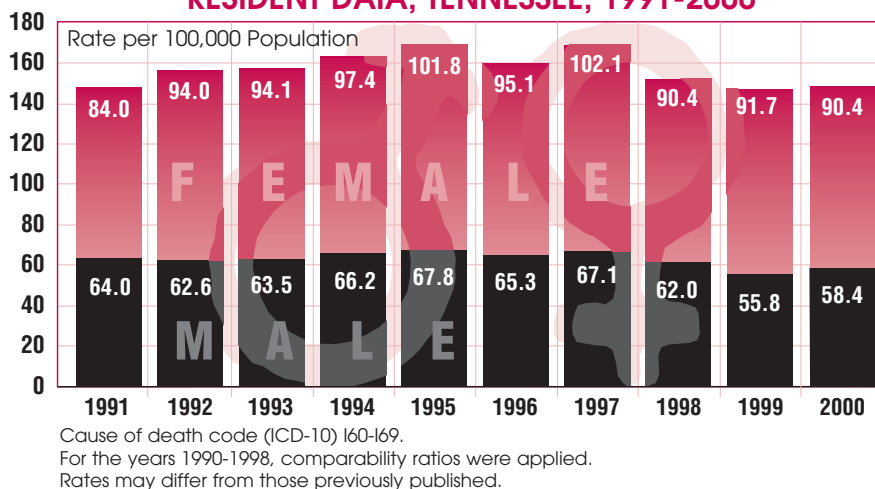
CANCER DEATH RATES FOR FEMALES FOR SELECTED CAUSES, RESIDENT DATA TENNESSEE, 2000



Heart disease is the leading cause of death for both males and females in Tennessee. However, while the crude death rate for males declined 11.7 percent from 1991 to 2000, the rate for females only decreased 2.9 percent for the same period. In 1991, the rate for males was 9.4 percent greater than the female death rate. By 2000, the female rate for heart disease had exceeded the male death rate by 0.5 percent.



CEREBROVASCULAR DISEASE DEATH RATES BY GENDER
RESIDENT DATA, TENNESSEE, 1991-2000

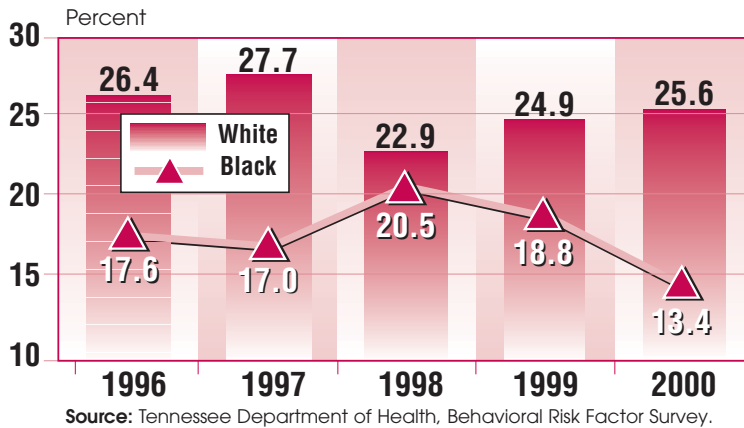


Tennessee's cerebrovascular disease death rate was higher for females than for males for the period 1991-2000. The crude death rate for females increased to a high of 102.1 deaths per 100,000 females in 1997 and then decreased. The 2000 rate for females of 90.4 was 54.8 percent higher than the rate of 58.4 for males.

In 2000, males continued to have higher death rates for malignant neoplasms than females, but the rates for females for heart disease and cerebrovascular diseases were respectively 1.0 and 1.5 times greater than those for males. The

crude death rate for white females was greater than both the total and black female rates for eight of the ten leading causes in 2000. Black females had higher death rates per 100,000 population for diabetes, and nephritis, nephrotic syndrome and nephrosis, as classified by the International Classification of Disease Codes (ICD-10).

LEADING CAUSES OF DEATH (ICD-10 CODES) FOR FEMALES BY RACE, WITH RATES PER 100,000 POPULATION RESIDENT DATA, TENNESSEE, 2000						
Cause	Total	Rate	White	Rate	Black	Rate
Total Deaths	27,895	955.6	23,489	1006.3	4,326	875.3
1. Diseases of heart (I00-I09, I11, I13, I20-I51)	8,295	284.2	6,941	297.3	1,333	269.7
2. Malignant neoplasms (C00-C97)	5,702	195.3	4,855	208.0	829	167.7
3. Cerebrovascular diseases (I60-I69)	2,640	90.4	2,247	96.3	384	77.7
4. Chronic lower respiratory disease (J40-J47)	1,371	47.0	1,279	54.8	87	17.6
5. Influenza and pneumonia (J10-J18)	982	33.6	869	37.2	111	22.5
6. Accidents (V01-X59, Y85-Y86)	957	32.8	812	34.8	140	28.3
Motor vehicle accidents (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0-V89.2)	453	15.5	381	16.3	69	14.0
7. Diabetes (E10-E14)	882	30.2	612	26.2	267	54.0
8. Alzheimer's disease (G30)	724	24.8	656	28.1	68	13.8
9. Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	298	10.2	221	9.5	75	15.2
10. Septicemia (A40-A41)	283	9.7	237	10.2	46	9.3

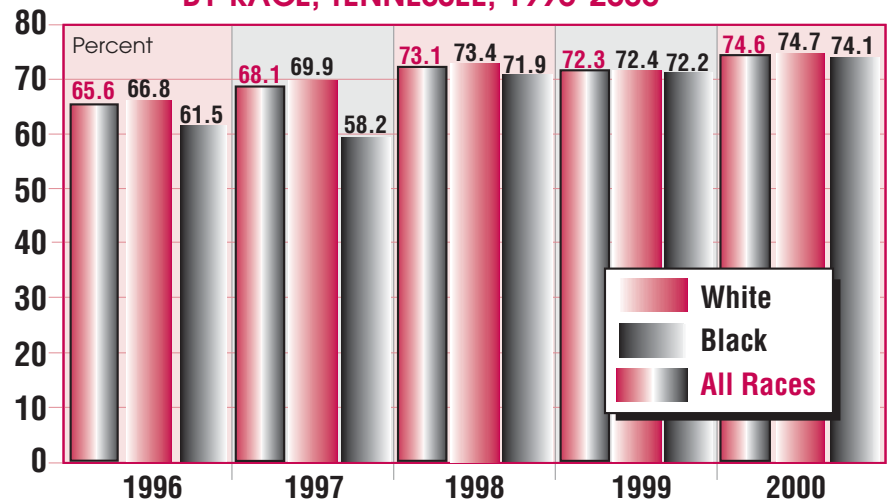


PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO REPORTED THEY ARE CURRENT SMOKERS, BY RACE, TENNESSEE, 1996-2000

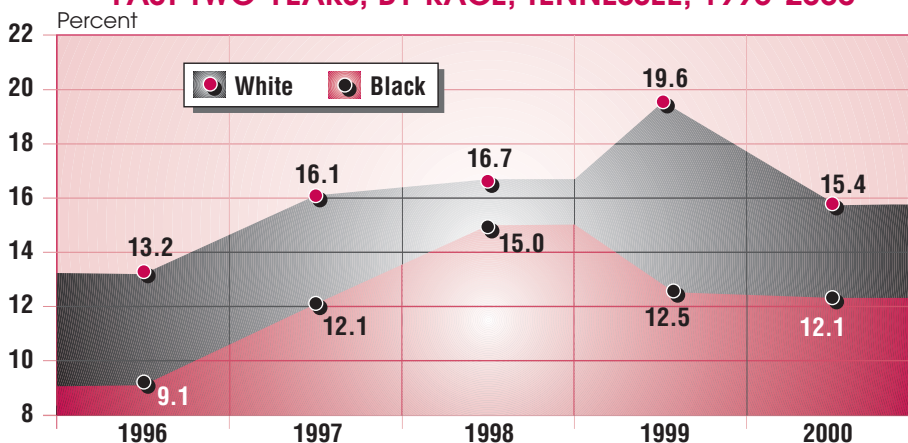
Tobacco use is a major risk factor for heart disease, cancer, respiratory, and other diseases. The percent of women aged 18 years and older who reported they were smokers was greater for whites than blacks according to data collected from the Tennessee Behavioral Risk Factor Survey for 1996-2000. For these women, the percent of white female smokers declined 3.0 percent from 1996 to 2000 while the percent of black female smokers declined 23.9 percent over the same period.

Breast cancer is the second leading cause of cancer deaths among Tennessee's women. Screening for breast cancer can reduce the mortality rate by providing early detection. Data from the Tennessee Behavioral Risk Factor Survey provides data by race of the percent of women aged 40 and older who stated they had a mammogram within the last two years. These percentages increased for both whites and blacks over the period 1996-2000, and Tennessee's total for 2000 was 74.6 percent. This percentage exceeded the national objective for the year 2010 which is for 70.0 percent of all women aged 40 and older to have had a mammogram within the last two years.

PERCENT OF WOMEN AGED 40 AND OLDER WHO REPORTED THEY HAD A MAMMOGRAM WITHIN LAST TWO YEARS BY RACE, TENNESSEE, 1996-2000



PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO REPORTED THEY DID NOT HAVE A PAP SMEAR WITHIN THE PAST TWO YEARS, BY RACE, TENNESSEE, 1996-2000



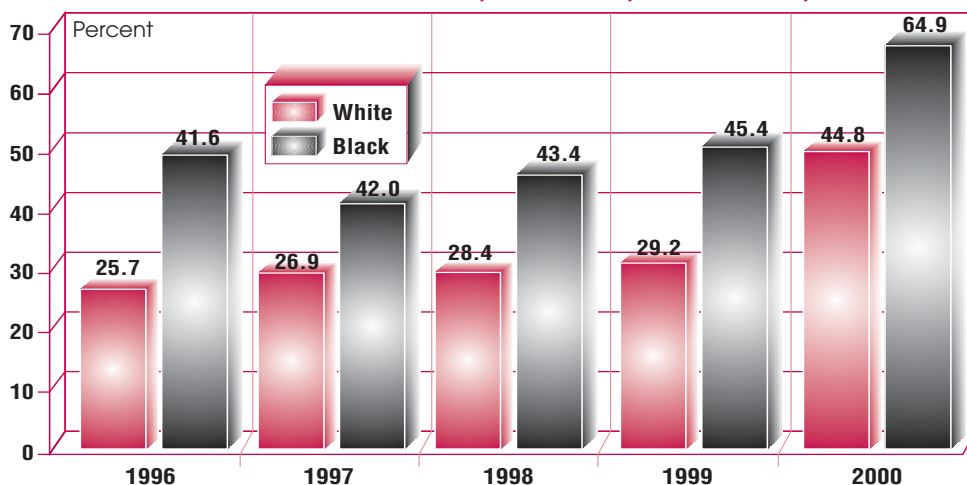
Mortality from invasive cervical cancer can be reduced with the use of the pap test through early detection and intervention. The Behavioral Risk Factor Survey results indicate that the percent of women 18 years and older who did not have a pap smear within the past two years fluctuated throughout the period of 1996-2000. The survey also showed the percentages were greater for whites than blacks for the five-year period.

In 2000, the Behavioral Risk Factor Survey definition of overweight changed to also include obesity. This change resulted in higher percentages for that year. In 2000, the percent for black women was 1.4 times greater than the percent for white women. Overweight is associated with high blood pressure, high cholesterol levels, and is a risk factor for coronary heart disease and diabetes. The prevalence of overweight and obesity can be influenced by heredity, environmental, cultural, and socioeconomic conditions. Properly balanced dietary intake and exercise are both important factors in weight control.

The Behavioral Risk Factor Surveillance System is a state-based computer-assisted telephone interviewing effort conducted in cooperation with the Centers for Disease Control and Prevention. Since 1984, adults have been surveyed every month in randomly selected households throughout the state. Questions are constructed to determine the behaviors of individuals that will affect their risk of developing chronic diseases that may lead to premature mortality and morbidity.

Please visit the **Health Statistics and Research** and **Health Information Tennessee (HIT)** pages at the **Health**

PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO REPORTED BEING OVERWEIGHT, BY RACE, TENNESSEE, 1996-2000



Source: Tennessee Department of Health, Behavioral Risk Factor Survey.

Weight based on Body Mass Index

Total number of respondents includes all women surveyed including those who did not give their weight. The year 2000 data includes women reporting overweight and obesity. Previous years included women reporting overweight only.

Data site on the Tennessee Department of Health website:
www.state.tn.us/health

NOTE: The population estimates for Tennessee used to calculate the rates in this report were based on figures prepared from the 2000 census on August 20, 2001 by Health Statistics and Research. These revised population figures may result in rates that differ from those previously published.

Age-adjustment is a technique that removes the effect that differences in age distributions have on mortality rates for two or more groups being compared.

Birth and death certificates filed with the Office of Vital Records supplies the pregnancy, birth, and death data for this report.

The Health of Tennessee's Women 2000 is published by the Tennessee Department of Health, Bureau of Health Informatics, Health Statistics and Research, Cordell Hull Building, Nashville, Tennessee, 37247-5262.

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